



Client Intake Form

Parent or Legal Guardian Information

(Must be completed by all parents at intake PRIOR to services beginning)

Parent/Guardian First Name: _____ Middle: _____

Parent/Guardian Last Name: _____

Date of Birth (month/day/year): ____/____/____ Parent/Guardian Gender: Male Female

Your Relationship to Child (select only one):

- Mother/Step mother Father/Step father Grandparent Foster Parent Other Relative Provider

What is the highest level of education you completed and received credit for (select only one)?

- Grades 1-8 Grades 9-11 Grade 12 (high school) Some College Vocational School
 AA/AS Degree BA/BS Degree Some Graduate School MA/MS Degree PhD or equivalent
 No formal education

Your Race or Ethnicity (select only one):

- Alaskan Native/Native American Black/African American Hmong Pacific Islander Asian
 Hispanic/Latino Multiracial Russian/Ukrainian White/Caucasian Unknown
 Other: _____

Primary language that you grew up speaking or language that you speak most often (select only one):

- Cantonese Hmong Korean Spanish English
 Indigenous Mexican Mandarin Russian/Ukrainian Vietnamese Unknown
 Other: _____

Secondary language that you are fluent in and speak frequently (select only one):

- Cantonese Hmong Korean Spanish English
 Indigenous Mexican Mandarin Russian/Ukrainian Vietnamese Unknown
 Other: _____ None

Your Home Phone: (____) _____ - _____ Address: _____ APT # _____

City: _____ State: _____ Zip Code: _____



Child Information – Complete One of These Pages for Each Child (Must be completed by all parents at intake PRIOR to services beginning) Complete this form for EACH CHILD receiving F5FC funded services.
FOR EACH ADDITIONAL CHILD ATTACH SEPARATE PAGES OF THIS FORM

Child’s First Name: _____ Middle: _____ Child’s Last Name: _____

Child’s Date of Birth (month/day/year): ____/____/____ Child’s Gender: Male Female

Child’s Relationship to You (select one): Daughter Son Foster child Grandchild Stepchild
 Other: _____

Child’s Race or Ethnicity (please select one):

- Alaskan Native/Native American Black/African American Hmong Pacific Islander Asian
 Hispanic/Latino Multiracial Russian/Ukrainian White/Caucasian Unknown

Child’s primary language that he/she grew up speaking or language that he/she speaks most often (select only one):

- Cantonese Hmong Korean Spanish English
 Indigenous Mexican Mandarin Russian/Ukrainian Vietnamese Unknown
 Other: _____

Child’s secondary language that he/she is fluent in and speaks frequently (select only one):

- Cantonese Hmong Korean Spanish English
 Indigenous Mexican Mandarin Russian/Ukrainian Vietnamese Unknown
 Other: _____

Special Needs

Has a professional (doctor, health professional) or has the parent or anyone else expressed concern or diagnosed this child with any special need or disability, such as physical, emotional, language, hearing difficulty, asthma, autism or other special need? YES NO

This section to be completed by program staff.

Today’s Date: ____/____/____ Consent Form Signed Yes No
 Agency Name: _____ Contract # _____ Date Consent Form Signed: ____/____/____
 Program Name: _____ Date of Enrollment: ____/____/____